

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 24 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Committee Friends For Cory Wilson
Address 107 Persimmon Place, Madison, MS 39110
Telephone (601) 707-5774 Fax (601) 707-5774
Treasurer W. Davis Frye Email Corytwilson@comcast.net

☐ Check here if above is different from previous report

TYPE OF REPORT

May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... **Mandatory**
June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... **Runoff Candidates**
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... **All Candidates**
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... **Runoff Candidates**
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... **All Candidates and Political Committees**
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 334.38 + \$ 0	\$ 334.38	\$ 334.38
Total amount of disbursements	\$ 1205.09 \$ 946.00	\$ 2,151.00	\$ 2,151.00
Total amount of cash on hand		\$ 18,674.43	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Cory Wilson
Signature of Director or Treasurer

Date

January 24, 2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends for Com Wilson

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Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Regions Bank CD</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Regions Bank</u>		<u>1/6/10</u>	\$ <u>59.68</u>
Mailing Address <u>1455 Jacksonian Plaza</u>		<u>2/6/10</u>	\$ <u>68.79</u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>5/6/10</u>	\$ <u>66.83</u>
Name of Employer (Required) <u>N/A</u>		<u>8/6/10</u>	\$ <u>69.39</u>
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>cont'd</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>interest on Bank CD</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>11/6/10</u>	\$ <u>69.69</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>334.38</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Friends For Com WilsonReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Internal Revenue Service</u>		Date (Mo., Day, Year) <u>2/17/10</u>	Amount of each disbursement this period \$ <u>205.00</u>
Mailing Address			
City, State, Zip Code <u>Ogden, UT</u>			
Purpose of Disbursement (Optional) <u>Federal taxes on interest income, 2009</u>		Aggregate Year-to-date	\$ <u>205.00</u>
B. Full name <u>Haley's PAC</u>		Date (Mo., Day, Year) <u>9/14/10</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1186</u>			
City, State, Zip Code <u>Jackson, MS 39215</u>			
Purpose of Disbursement (Optional) <u>Contribution to state PAC</u>		Aggregate Year-to-date	\$ <u>1,000.00</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$